



SAN JOAQUIN
—COUNTY—
Greatness grows here.

Environmental Health Department

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February 8, 2018

System No. 3901217

Haynes Board & Care Home
17201 N. Tully Road
Lodi, CA 95240

Water System: Haynes Board & Care Home, 17201 N. Tully Road, Lodi

CITATION NO. 01_69_18C_004
TOTAL COLIFORM MAXIMUM CONTAMINANT LEVEL VIOLATION
FOR JANUARY 2018

Enclosed is a Citation issued to the **Haynes Board & Care Home** (hereinafter "**Haynes Board & Care Home**") public water system.

The **Haynes Board & Care Home** will be billed at the San Joaquin County Environmental Health Department's (hereinafter "EHD") hourly rate (currently at \$152 per hour) for the time spent on issuing this Citation. California Health and Safety Code, Section 116595, provides that a public water system must reimburse the local primacy agency (EHD) for actual costs incurred by the EHD for specified enforcement actions, including but not limited to, preparing, issuing and monitoring compliance with a citation.

Any person who is aggrieved by a citation issued by the EHD may file a petition with the State Water Resources Control Board (State Water Board) for reconsideration of the citation. Petitions must be received by the State Water Board within 30 calendar days of the issuance of the citation. The date of issuance is the date when the EHD mails or serves a copy of the citation, whichever occurs first. If the 30th day falls on a Saturday, Sunday, or state holiday, the petition is due the following business day. Petitions must be received by 5:00 p.m. Information regarding filing petitions may be found at: http://www.waterboards.ca.gov/drinking_water/programs/petitions/index.shtml

If you have any questions regarding this matter, please contact Frank Girardi of my staff at 209-953-7868

Sincerely,

A handwritten signature in black ink that reads "Linda Turkatte".

Linda Turkatte, REHS, Director
San Joaquin county Environmental Health Department

Enclosures

cc: CDPH – Stockton Branch, 31 E. Channel Street, Room 270, Stockton CA 95202

COUNTY OF SAN JOAQUIN
ENVIRONMENTAL HEALTH DEPARTMENT
DRINKING WATER PROGRAM

Name of Public Water System: Haynes Board & Care Home

Water System No: 3901217

Attention: Haynes Board & Care Home

17201 N. Tully Road

Lodi, CA 95240

Issued: February 8, 2018

CITATION FOR NONCOMPLIANCE
TOTAL COLIFORM MAXIMUM CONTAMINANT LEVEL VIOLATION
POSITIVE FECAL COLIFORM SAMPLE
CALIFORNIA CODE OF REGULATIONS, TITLE 22, SECTION 64426.1
JANUARY 2018

The California Health and Safety Code (hereinafter "CHSC"), Section 116330 allows the State Water Resources Control Board (hereinafter "State Board") to delegate primary responsibility for the administration and enforcement of the Safe Drinking Water Act (hereinafter "SDWA") to the San Joaquin County Environmental Health Department (hereinafter "EHD") for public water systems located in San Joaquin County. CHSC Section 116650 authorizes the EHD to issue a citation to a public water system

1 when the EHD determines that the public water system has violated or is
2 violating the SDWA, (CHSC, Division 104, Part 12, Chapter 4, commencing
3 with Section 116270), or any regulation, standard, permit, or order issued or
4 adopted thereunder.

5
6 The EHD hereby issues this citation pursuant to Section 116650 of the
7 CHSC to the **Haynes Board & Care Home** Water System (hereinafter
8 "**Haynes Board & Care Home**") for violation of CHSC, Section 116555(a)(1)
9 and California Code of Regulations (hereinafter "CCR"), Title 22, Section
10 64426.1.

11 12 **STATEMENT OF FACTS**

13 The **Haynes Board & Care Home** is classified as a Community water system
14 with a population of 21 employees and 30 residents, serving (3)
15 connections. The EHD received laboratory results for (5) bacteriological
16 samples collected during January 2018 from the **Haynes Board & Care**
17 **Home**. Three (3) of the (5) samples analyzed showed the presence of fecal
18 coliform or *Escherichia coli* (*E. coli*) bacteria.

19 20 **DETERMINATION**

21 CCR, Title 22, Section 64426.1, Total Coliform Maximum Contaminant Level
22 (MCL) states that a public water system is in violation of the total coliform
23 MCL if any repeat sample is fecal coliform-positive or *E. coli*-positive, or if
24 any repeat sample following a fecal coliform-positive or *E. coli*-positive
25 routine sample is total coliform-positive.

26
27 The **Haynes Board & Care Home** took fewer than 40 bacteriological samples
28 during January 2018. The results of (3) routine samples were fecal coliform-

1 positive or E. coli-positive. Therefore, the EHD has determined that the
2 **Haynes Board & Care Home** violated CCR, Title 22, Section 64426.1 during
3 January 2018.

4 5 **DIRECTIVES**

6 The **Haynes Board & Care Home** is hereby directed to take the following
7 actions:

- 8
9 1. Comply with CCR, Title 22, Section 64426.1, in all future monitoring
10 periods.
11
- 12 2. On or before February 14, 2018, notify all persons served by the
13 **Haynes Board & Care Home** of the violation of Section 64426.1, in
14 conformance with CCR, Title 22, Sections 64463.1(b)&(c) and 64465.
15 Appendix 1: Notification Template shall be used to fulfill this directive,
16 unless otherwise approved by the EHD.
17
- 18 3. Complete Appendix 2: Compliance Certification Form. Submit it
19 together with a copy of the public notification to the EHD on or before
20 February 28, 2018.
21
- 22 4. Submit the information required by CCR, Title 22, Section
23 64426(b)(2) on or before February 28, 2018. Appendix 3: Positive
24 Total Coliform Investigation may be used to fulfill this directive.
25
- 26 5. Pursuant to CCR, Title 22, Section 64424(d), collect and have
27 analyzed for total coliform bacteria five (5) routine bacteriological
28 samples in on or before February 28, 2018.
29

6. Pursuant to CCR, Title 22, Section 64469(a), submit analytical results of all sample analyses completed in a calendar month to the EHD no later than the tenth day of the following month.

All submittals required by this Citation shall be submitted to the EHD at the following address:

San Joaquin County Environmental Health Department
Small Public Water Systems Program
1868 E. Hazelton Avenue
Stockton, CA 95205
Fax: (209) 464-0138

The EHD reserves the right to make such modifications to this Citation as it may deem necessary to protect public health and safety. Such modifications may be issued as amendments to this Citation and shall be effective upon issuance.

Nothing in this Citation relieves the **Haynes Board & Care Home** of its obligation to meet the requirements of the California SDWA (CHSC, Division 104, Part 12, Chapter 4, commencing with Section 116270), or any regulation, standard, permit or order issued or adopted thereunder.

PARTIES BOUND

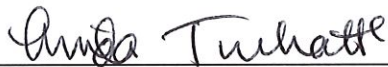
This Citation shall apply to and be binding upon the **Haynes Board & Care Home**, its owners, shareholders, officers, directors, agents, employees, contractors, successors, and assignees.

SEVERABILITY

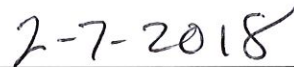
The directives of this Citation are severable, and the **Haynes Board & Care Home** shall comply with each and every provision thereof notwithstanding the effectiveness of any provision.

FURTHER ENFORCEMENT ACTION

The California SDWA authorizes the EHD to: issue a citation with assessment of administrative penalties to a public water system for violation or continued violation of the requirements of the California SDWA or any regulation, permit, standard, citation, or order issued or adopted thereunder including, but not limited to, failure to correct a violation identified in a citation or compliance order. The California SDWA also authorizes the EHD to take action to suspend or revoke a permit that has been issued to a public water system if the public water system has violated applicable law or regulations or has failed to comply with an order of the EHD, and to petition the superior court to take various enforcement measures against a public water system that has failed to comply with an order of the EHD. The EHD does not waive any further enforcement action by issuance of this Citation.



Linda Turkatte, REHS, Director



Date

San Joaquin County Environmental Health Department

Appendices (3):

1. Notification Template and Instructions
2. Compliance Certification Form
3. Positive Total Coliform Investigation Report Form

APPENDIX 1. NOTIFICATION TEMPLATE

Instructions for Tier 1 Fecal Coliform or *E. coli* Notice Template

Template Attached

Since exceeding the fecal coliform or *E. coli* maximum contaminant level is a Tier 1 violation, you must provide public notice to persons served as soon as practical but within 24 hours after you learn of the violation [California Code of Regulations, Title 22, Chapter 15, Section 64463.1(b)]. **During this time period, you must also contact the Department. Each water system required to give public notice must submit the notice to the Department for approval prior to distribution or posting, unless otherwise directed by the Department [64463(b)].** You should also coordinate with your local health department.

Notification Methods

You must use one or more of the following methods to deliver the notice to consumers [64463.1(c)]:

- Radio or television
- Posting in conspicuous locations throughout the area served by the water system
- Hand delivery to persons served by the water system

You may need to use additional methods (e.g., newspaper, delivery of multiple copies to hospitals, clinics, or apartment buildings), since notice must be provided in a manner reasonably calculated to reach all persons served. If you post or hand deliver, print your notice on letterhead, if you have it.

The notice attached is appropriate for hand delivery or a newspaper notice. However, you may wish to modify it before using it for radio, TV, or posting. If you do, you must still include all required elements and leave the health effects and notification language in italics unchanged. This language is mandatory [64465].

Multilingual Requirement

Spanish. Each public notice must contain information in Spanish regarding (1) the importance of the notice or (2) contain a telephone number or address where Spanish-speaking residents may contact the water system to obtain a translated copy of the public notice or assistance in Spanish.

Non-English Speaking Groups Other than Spanish-Speaking. For each group that exceeds 1,000 residents or 10% of the residents in the community served, whichever is less, the public notice must (1) contain information in the appropriate language(s) regarding the importance of the notice or (2) contain a telephone number or address where such residents may contact the water system to obtain a translated copy of the notice or assistance in the appropriate language.

APPENDIX 1. NOTIFICATION TEMPLATE

DRINKING WATER WARNING BOIL WATER ORDER

Este informe contiene información muy importante sobre su agua potable.
Tradúzcalo o hable con alguien que lo entienda bien.

Haynes Board & Care Home Water System is contaminated with fecal coliform bacteria, the bacterium *E. coli*

BOIL YOUR WATER BEFORE USING

Fecal coliform, or *E. coli* bacteria, were found in the water supply during January 2018. These bacteria can make you sick, and are a particular concern for people with weakened immune systems.

What should I do?

DO NOT DRINK THE WATER WITHOUT BOILING IT FIRST. Bring all water to a boil, let it boil for one minute, and let it cool before using, or use bottled water. Boiled or bottled water should be used for drinking, making ice, brushing teeth, washing dishes, and food preparation **until further notice in writing from San Joaquin County Environmental Health Department.** Boiling kills bacteria and other organisms in the water.

Fecal coliforms and E. coli are bacteria whose presence indicates that the water may be contaminated with human or animal wastes. Microbes in these wastes can cause diarrhea, cramps, nausea, headaches, or other symptoms. They may pose a special health risk for infants, young children, some of the elderly, and people with severely compromised immune systems.

The symptoms above are not caused only by organisms in drinking water. If you experience any of these symptoms and they persist, you may want to seek medical advice. People at increased risk should seek advice about drinking water from their health care providers. General guidelines on ways to lessen the risk of infection by microbes are available from the EPA Safe Drinking Water Hotline at 1(800) 426-4791.

What happened? What is being done?

Bacterial contamination can occur when increased run-off enters the drinking water source (for example, following heavy rains). It can also happen due to a break in the distribution system (pipes) or a failure in the water treatment process.

Describe cause if known and corrective action: _____

The San Joaquin County Health Department and Haynes Board & Care Home Water System will inform you in writing when tests show no bacteria and you no longer need to boil your water. We anticipate resolving the

problem within _____. For more information, please contact _____ at _____ or _____.

Please share this information with all the other people who drink this water, especially those who may not have received this notice directly (for example, people in apartments, nursing homes, schools, and businesses). You can do this by posting this notice in a public place or distributing copies by hand or mail.

This notice is being sent to you by the Haynes Board & Care Home Water System in compliance with the California Domestic Water Quality and Monitoring Regulations as a means of keeping the public informed.

By signing this notice you are declaring: I (We) declare under penalty of perjury that the statements on this application are correct to my (our) knowledge and the actions taken to notify the users of this water system are in compliance with California Code of Regulations (CCR).

Signature: _____ (operator/owner) Date: _____

Please fax completed form to: (209) 464-0138, Attn: SPWS Program

APPENDIX 2. COMPLIANCE TEMPLATE

Citation Number: **01_69_18C_004**

Name of Water System: **Haynes Board & Care Home**

System Number: 3901217

Certification

I certify that the users of the water supplied by this water system were notified of the bacteriological violation of California Code of Regulations, Title 22, Section 64426.1 for the compliance period of **Compliance month and year** and that public notification was completed on

(date completed)

Signature of Water System Representative

Date

Attach a copy of the public notice distributed to the water system's customers

<p>THIS FORM MUST BE COMPLETED AND RETURNED TO THE EHD, SPWS PROGRAM, NO LATER THAN February 28, 2018</p>
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Disclosure: Be advised that the California Health and Safety Code, Sections 116725 and 116730 state that any person who knowingly makes any false statement on any report or document submitted for the purpose of compliance with the Safe Drinking Water Act may be liable for, respectively, a civil penalty not to exceed five thousand dollars (\$5,000) for each separate violation or, for continuing violations, for each day that violation continues, or be punished by a fine of not more than \$25,000 for each day of violation, or by imprisonment in the county jail not to exceed one year, or by both the fine and imprisonment.

Please fax completed form to: (209) 464-0138, Attn: SPWS Program

APPENDIX 3. POSITIVE TOTAL COLIFORM INVESTIGATION

This form is intended to assist public water systems in providing the information required by California Code of Regulations, Title 22, Section 64426(b). Its use is not required and the contents may be modified. An electronic copy is available at: http://www.swrcb.ca.gov/drinking_water/certific/drinkingwater/Lawbook.shtml

ADMINISTRATIVE INFORMATION

Entity Name:	Name	System Address & Email	Telephone Number
PWSID NUMBER:	System Type:		
Operator in Responsible Charge (ORC)			
Person that collected TC samples if different than ORC			
System Owner			
Certified Laboratory for Microbiological Analyses			
Date Investigation Completed:			
Month(s) of Total Coliform MCL Failure:			

INVESTIGATION DETAILS

SOURCE	WELL (name)	WELL (name)	WELL (name)	WELL (name)	WELL (name)	COMMENTS (attach additional pages if needed)
1. Inspect each well head for physical defects and report						
a. Is raw water sample tap upstream from point of disinfection?						
b. Is wellhead vent pipe screened?						
c. Is wellhead seal watertight?						
d. Is well head located in pit or is any piping from the wellhead submerged?						
e. Does the ground surface slope towards well head?						
f. Is there evidence of standing water near the wellhead?						
g. Are there any connections to the raw water piping that could be cross connections? (describe all connections in comments)						
h. Is the wellhead secured to prevent unauthorized access?						
i. To what treatment plant (name) does this well pump?						
j. How often are raw water total coliform (TC) samples taken and analyzed?						
k. Provide the date and result of the last TC test at this location						
2. Inspect and review records for surface water source (if applicable)						
a. Have there been any events in the watershed or near the intake that might have contributed to TC+ or EC+ results? (Describe)						

TREATMENT	PLANT (NAME)	PLANT (NAME)	PLANT (NAME)	PLANT (NAME)	COMMENTS
1. If you provide continuous chlorination treatment was there any equipment failure?					
a. Did the distribution system maintain chlorine residual?					
b. Was emergency chlorination initiated? If yes, for how long?					
c. Did the distribution system lose chlorine residual?					
2. If you do not provide routine chlorination, was emergency chlorination initiated? If Yes, when?					
3. Inspect each point where disinfectant is added and report					
a. Is the disinfectant feed pump feeding disinfectant?					
b. What is the feed rate of disinfectant in ml/minute?					

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TREATMENT	PLANT (NAME)	PLANT (NAME)	PLANT (NAME)	PLANT (NAME)	PLANT (NAME)	COMMENTS
c. What is the concentration of the disinfectant solution being fed? (percent or mg/l of chlorine as HOCl)						
d. By what method was the concentration of solution determined? (ex: measured, manufacturer's literature)						
e. What is the age (days) of the disinfectant solution currently being used at this treatment location?						
f. What is the raw water flow rate at the point where disinfectant is added in gallons per minute?						
g. What is the total chlorine residual measured immediately downstream from the point of application?						
h. What is the free chlorine residual measured immediately downstream from the point of application?						
i. What is the contact time in minutes from the point of disinfectant application to the first customer?						

SAMPLE SITE EVALUATION (Complete for all TC+ or EC+ findings)	Routine Site TC+ or EC+	Upstream Site	Downstream Site	Sample 4 (specify)
1. What is the height of the sample tap above grade? (inches)				
2. Is the sample tap located in an exterior location or is it protected by an enclosure?				
3. Is the sample tap threaded, have a swing arm (kitchen sink) or an aerator (sinks)?				
4. Is the sample tap in good condition, free of leaks around the stem or packing?				
5. Can the sample tap be adjusted to the point where a good laminar flow can be achieved without excessive splash?				
6. Is the sample tap and areas around the sample tap clean and dry (free of animal droppings other contaminants or spray irrigation systems)?				
7. Is the area around the sample tap free of excessive vegetation or other impediments to sample collection?				
8. Describe how the tap was treated in preparation for sample collection (ran water, swabbed with disinfectant, flamed, etc.).				
9. Is this sample tap designated on the sampling plan submitted with this information request?				
10. What were the weather conditions at the time of the positive sample (rainy, windy, and sunny)?				

APPENDIX 3. POSITIVE TOTAL COLIFORM INVESTIGATION

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STORAGE	TANK (name)	TANK (name)	TANK (name)	TANK (name)	TANK (name)	COMMENTS
1. Is each tank locked to prevent unauthorized access?						
2. Are all vents of each tank screened down-turned to prevent dust and dirt from entering the tank?						
3. Is the overflow on each tank screened?						
4. Are there any unsealed openings in the tank such as access doors, water level indicators hatches, etc.?						
5. Is the roof/cover of the tank sealed and free of any leaks?						
6. Is the tank above ground or buried?						
a. If buried or partially buried, are there provisions to direct surface water away from the site.						
b. Has the interior of the tank been inspected to identify any sanitary defects, such as root intrusion?						
8. Does the tank "float" on the distribution system or are there separate inlet and outlet lines?						
9. What is the measured chlorine residual (total/free) of the water exiting the storage tank today ?						
10. What is the volume of the storage tank in gallons?						
11. Is the tank baffled?						
12. Prior to the TC+ or EC+, what was the previous date item #1-7 were checked and documented?						

DISTRIBUTION SYSTEM	SYSTEM RESPONSES
1. What is the minimum pressure you are maintaining in the distribution system?	
2. Did pressure in the distribution system drop to less than 5 psi prior to positive bacti?	
3. Has the distribution system been worked on within the last week? (taps, hydrant flushing, main breaks, mainline extensions, etc.) If yes, provide details.	
4. Are there any signs of excavations near your distribution system not under the direct control of your maintenance staff?	
5. Did you inspect your distribution system to check for mainline leaks? Do you or did you have a mainline leak?	
6. If there was a mainline leak, when was it repaired?	
7. On what date was the distribution system last flushed?	
8. Is there a written flushing procedure you can provide for our review?	
9. Do you have an active cross-connection control program?	
10. What is name & phone number of your Cross-Connection Control Program Coordinator?	
11. Is the review and testing of backflow prevention devices current?	
12. On what date was the last physical survey of the system done to identify cross-connections?	

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BOOSTER STATION	Response
1. Do you have a booster pump? How many?	
2. Do you have a standby booster pump if the main pump fails?	
3. Prior to bacteriological quality problems, did your booster pump fail?	
4. Do you notice standing water, leakage at the booster station?	

GENERAL OPERATIONS:	Response
1. Where there any power outages that affected water system facilities during the 30 days prior to the TC+ or EC + findings?	
2. Were there any main breaks, water outages, or low pressure reported in the service area where TC+ or EC+ samples were located.	
3. Does the system have backup power or elevated storage?	
4. During or soon after bacteriological quality problems, did you receive any complaints of any customers' illness suspected of being waterborne? How many?	
5. What were the symptoms of illness if you received complaints about customers being sick?	

ADDITIONAL INFORMATION THAT MAY BE SUBMITTED WITH RESPONSES TO THE ABOVE QUESTIONS

1. **Sketch** of System showing all sources, treatment locations, storage tanks, microbiological sampling sites and general layout of the distribution system including the location of all hazardous connections such as the wastewater treatment facility.
2. A set of photographs of the well, pressure tanks, and storage tanks in the system may be submitted if they would show that the contamination is directly related and changes have been made since the last inspection by the Water Board
3. Name, certification level and certificate number of the Operator in Responsible Charge.
4. Copy of the last cross connection survey performed that identifies the location of all unprotected cross connections.
5. Updated source water assessment(s) (DWSAP) if there have been changes to well construction or potentially contaminating activities (PCA list) since last inspection.

SUMMARY: BASED ON THE RESULTS OF YOUR INVESTIGATION AND ANY OTHER INFORMATION AT YOUR DISPOSAL, WHAT DO YOU BELIEVE TO BE THE CAUSE OF THE POSITIVE TOTAL COLIFORM SAMPLES FROM THE PUBLIC WATER SYSTEM?

CERTIFICATION: I CERTIFY UNDER PENALTY OF LAW, BASED ON INFORMATION AND BELIEF FORMED AFTER REASONABLE INQUIRY, THAT THE STATEMENTS AND INFORMATION CONTAINED IN THIS APPENDIX ARE TRUE, ACCURATE AND COMPLETE.

NAME: _____ **TITLE:** _____ **DATE:** _____